

Idaho Medicaid Provider Handbook

Service	Dental Code	Description	Effective Rule Date
DENTURE RELINING: Relines will not be allowed for six months following placement of denture and then only once every two years.			
	05730	Reline complete maxillary denture (chairside).	12/01/1998
	05731	Reline complete mandibular denture (chairside).	12/01/1998
	05740	Reline maxillary partial denture (chairside).	12/01/1998
	05741	Reline mandibular partial denture (chairside).	12/01/1998
	05750	Reline complete maxillary denture (laboratory).	12/01/1998
	05751	Reline complete mandibular denture (laboratory).	12/01/1998
	05760	Reline maxillary partial denture (laboratory).	12/01/1998
	05761	Reline mandibular partial denture (laboratory). Arch designation is not required.	12/01/1998
OTHER REMOVABLE PROSTHETIC SERVICES			
	05850	Tissue conditioning, maxillary — per denture unit.	12/01/1998
	05851	Tissue conditioning, mandibular per denture unit.	12/01/1998
	05899	Unspecified prosthetic procedure. When dentures are inserted during a month when the client is not eligible, but other work, including laboratory work is completed during an ineligible period, Medicaid will pay the claim. Justification required when prior authorizing.	12/01/1998

**3.2.7.2 Maxillofacial Prosthetics 05900 –
05999 – Rule 12/01/1998**

Service	Dental Code	Description	Effective Rule Date
MAXILLO-FACIAL PROSTHETICS			
	05931	Obturator prosthesis, surgical. Narrative required when prior authorizing.	12/01/1998
	05932	Obturator prosthesis, definitive. Narrative required when prior authorizing.	12/01/1998
	05933	Obturator prosthesis, modification. Narrative required when prior authorizing.	12/01/1998
	05934	Mandibular resection prosthesis with guide flange. Narrative required when prior authorizing.	12/01/1998
	05935	Mandibular resection prosthesis without guide flange. Narrative required when prior authorizing.	12/01/1998
	05936	Obturator prosthesis, interim. Narrative required when prior authorizing.	12/01/1998
	05951	Feeding aid. Narrative required when prior authorizing.	12/01/1998
	05952	Speech aid prosthesis, pediatric. Narrative required when prior authorizing.	12/01/1998
	05953	Speech aid prosthesis, adult. Narrative required when prior authorizing.	12/01/1998
	05954	Palatal augmentation prosthesis. Narrative required when prior authorizing.	12/01/1998
	05955	Palatal lift prosthesis. Narrative required when prior authorizing.	12/01/1998
	05958	Palatal lift prosthesis, interim. Narrative required when prior authorizing.	12/01/1998
	05959	Palatal life prosthesis, modification. Narrative required when prior authorizing.	12/01/1998
	05960	Speech aid prosthesis, modification. Narrative required when prior authorizing.	12/01/1998
	05982	Surgical stent. Narrative required when prior authorizing.	12/01/1998
	05988	Surgical splint. Narrative required when prior authorizing.	12/01/1998
	05999	Unspecified maxillofacial prosthesis. Narrative required when prior authorizing.	12/01/1998

**3.2.7.3 Fixed Prosthodontics 06200 –
06999 – Rule 12/01/1998**

Service	Dental Code	Description	Effective Rule Date
OTHER FIXED PROSTHETIC SERVICES			
	06930	Recement fixed partial denture.	12/01/1998
	06980	Fixed partial denture repair.	12/01/1998
	06999	Unspecified fixed prosthodontic procedure, by report. Narrative required when prior authorizing.	12/01/1998

3.2.8 Oral Surgery 07000 — 07999 – Rule 12/01/1998

Extraction codes include services for local anesthesia and routine preoperative and postoperative care.



NOTE: For Oral and Maxillofacial Surgeons, most surgical procedures in the 07911 to 07996 category should be converted to the CPT coding system and submitted on a HCFA 1500 claim form. Use your medical provider number on these claims.

Service	Dental Code	Description	Effective Rule Date
SIMPLE EXTRACTION			
	07110	Single tooth. Tooth designation required.	12/01/1998
	07120	Each additional tooth. Tooth designation required.	12/01/1998
	07130	Root removal — exposed roots. Tooth designation required.	12/01/1998
SURGICAL EXTRACTIONS			
	07210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of tooth structure, and closure. Includes cutting of gingiva and bone, removal of tooth structure, and closure. Tooth designation required.	12/01/1998
	07220	Removal of impacted tooth — soft tissue. Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation. Tooth designation required.	12/01/1998
	07230	Removal of impacted tooth — partially bony. Part of crown covered by bone; requires mucoperiosteal flap elevation, bone removal, and may require segmentalization of tooth. Tooth designation required.	12/01/1998
	07240	Removal of impacted tooth — completely bony. Most or all of crown covered by bone; requires mucoperiosteal flap elevation, bone removal, and may require segmentalization of tooth. Tooth designation required.	12/01/1998
	07241	Removal of impacted tooth — completely bony, with unusual surgical complications. Most or all of crown covered by bone; usually difficult or complicated due to factors such as nerve dissection required, separate closure of maxillary sinus required or aberrant tooth position. Allowed only when pathology is present. Tooth designation required.	12/01/1998
	07250	Surgical removal of residual tooth roots (cutting procedure). Includes cutting of gingiva and bone, removal of tooth structure, and closure. Can be completed for the same tooth number as previously extracted without prior approval. Tooth designation required.	12/01/1998

Service	Dental Code	Description	Effective Rule Date
OTHER SURGICAL PROCEDURES			
	07270	Tooth reimplantation and stabilization of accidentally avulsed or displaced tooth and alveolus. Permanent teeth only. Tooth designation required. Includes splinting and stabilization.	12/01/1998
	07280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons. Includes orthodontic attachments. Tooth and arch designation required. Limited to clients under 21 years of age.	12/01/1998
	07281	Surgical exposure of impacted or unerupted tooth to aid eruption. Tooth designation required. For clients up to age 21.	12/01/1998
	07286	Biopsy of oral tissue — soft.	12/01/1998
ALVEOLO-PLASTY			
	07320	Alveoloplasty not in conjunction with extractions — per quadrant. Quadrant designation is required.	12/01/1998
EXCISION OF BONE TISSUE			
	07470	Removal of exostosis — maxilla or mandible. Arch designation required.	12/01/1998
SURGICAL INCISION			
	07510	Incision and drainage of abscess — intraoral soft tissue.	12/01/1998
REPAIR OF TRAUMATIC WOUNDS			
	07910	Suture of recent small wounds up to five cm.	12/01/1998
OTHER REPAIR PROCEDURES			
	07960	Frenulectomy (frenectomy or frenotomy) — separate procedures. The frenum may be excised when the tongue has limited mobility; for large diastema between teeth; or when the frenum interferes with a prosthetic appliance; or when it is the etiology of periodontal tissue disease.	12/01/1998
	07970	Excision of hyperplastic tissue — per arch. Arch designation required.	12/01/1998
	07971	Excision of pericoronal gingiva. Arch designation required.	12/01/1998
	07999	Unspecified oral surgery, by report. Narrative required when prior authorizing.	12/01/1998

3.2.9 Orthodontics 08000 — 08999 – Rule 12/01/1998

Service	Dental Code	Description	Effective Rule Date
ORTHODONTICS: Limited to recipients age 0 to 21 years who meet the eligibility requirements, and the Handicapping Malocclusion Index as evaluated by the State Medicaid dental consultant.			
LIMITED ORTHODONTICS: Orthodontic treatment with a limited objective, not involving the entire dentition. It may be directed at the only existing problem, or one aspect of a larger problem in which a decision is made to defer or forgo more comprehensive therapy.			
	08010	Limited orthodontic treatment of primary dentition. Justification and treatment plan required when prior authorizing.	12/01/1998
	08020	Limited orthodontic treatment of transition dentition. Justification and treatment plan required when prior authorizing.	12/01/1998
	08030	Limited orthodontic treatment of adolescent dentition. Justification and treatment plan required when prior authorizing.	12/01/1998
	08040	Limited orthodontic treatment of adult dentition. Justification and treatment plan required when prior authorizing.	12/01/1998
INTERCEPTIVE ORTHODONTICS: An extension of preventive orthodontics that may include localized tooth movement in an otherwise normal dentition. Such treatment may occur in the transitional dentition and may include such procedures as the redirection of ectopically erupting teeth, correction of isolated dental crossbite or recovery of recent minor space loss where overall space is adequate.			
	08050	Interceptive orthodontic treatment of primary dentition, per arch. Justification, treatment plan and arch designation required when prior authorizing. Upper and lower arch may be billed separately. Indicate arch.	12/01/1998
	08060	Interceptive orthodontic treatment of transition dentition, per arch. Justification, treatment plan and arch designation required when prior authorizing. Upper and lower arch may be billed separately. Indicate arch.	12/01/1998
COMPREHENSIVE ORTHODONTIC TREATMENT: The coordinated diagnosis and treatment leading to the improvement of a client's craniofacial dysfunction and/or entofacial deformity including anatomical, functional and aesthetic relationships. Treatment usually, but not necessarily, utilizes fixed orthodontic appliances, and can also include removable appliances, headgear, and maxillary expansion procedures.			
	08070	Comprehensive orthodontic treatment of transition dentition. Models, panorex, and treatment plan are required when prior authorizing.	12/01/1998
	08080	Comprehensive orthodontic treatment of adolescent dentition, up to 16 years of age. Models, panorex, and treatment plan are required when prior authorizing.	12/01/1998
	08090	Comprehensive orthodontic treatment of adult dentition. Justification required. Models, panograph, treatment plan required when prior authorizing.	12/01/1998

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Service	Dental Code	Description	Effective Rule Date
MINOR TREATMENT TO CONTROL HARMFUL HABITS			
	08210	Removable appliance therapy. Removable indicates client can remove; includes appliances for thumb sucking and tongue thrusting. Justification required when prior authorizing. Replacement appliances are not covered.	12/01/1998
	08220	Fixed appliance therapy. Fixed indicates client cannot remove appliance; includes appliances for thumb sucking and tongue thrusting. Justification required when prior authorizing. Replacement appliances are not covered.	12/01/1998
OTHER SERVICES			
	08670	Adjustments monthly.	
	08680	Orthodontic retention, removal of appliances, construction and placement of retainer(s). Replacement appliances are not covered. Includes both upper and lower retainer if applicable.	12/01/1998
	08999	Unspecified orthodontics. Narrative required when prior authorizing. No payment for lost or destroyed appliances.	12/01/1998

3.2.10 Adjunctive General Services 09000 — 09999 – Rule 12/01/1998

Service	Dental Code	Description	Effective Rule Date
UNCLASSIFIED TREATMENT			
	09110	Palliative (emergency) treatment of dental pain -minor procedures (open and drain abscess, etc.). Open and drain is included in the fee for root canal when performed during the same sitting. Tooth or quadrant designation required.	12/01/1998
ANESTHESIA			
	09220	General anesthesia — first 30 minutes. Not included as general anesthesia are tranquilization; nitrous oxide; or enteral or parenteral administration of analgesic, sedative, tranquilizing, or dissociative agents.	12/01/1998
	09221	General anesthesia — each additional 15 minutes.	12/01/1998
	09230	Analgesia — includes nitrous oxide.	12/01/1998
	09240	Intravenous sedation.	12/01/1998
PROFESSIONAL CONSULTATION			
	09310	Consultation (diagnostic service provided by dentist or physician other than the dentist or physician providing treatment).	12/01/1998
PROFESSIONAL VISITS			
	09420	Hospital calls. May be reported when providing treatment in hospital or ambulatory surgical center, in addition to reporting appropriate code numbers for actual services performed. Maximum of one call per day. Not covered for routine preoperative and postoperative.	12/01/1998
	09430	Office visit for observation (during regularly scheduled hours). No other services performed.	12/01/1998
	09440	Office visit after regularly scheduled hours.	12/01/1998
MISCELLANEOUS SERVICE			
	09910	Application of desensitizing medicament. Includes in-office treatment of root sensitivity. Reported on a per tooth basis, no limit.	12/01/1998
	09920	Behavior management. May be reported in addition to treatment provided. Should be reported in 15 minute increments.	12/01/1998
	09930	Treatment of complication (post-surgical) — unusual circumstances.	12/01/1998
	09940	Occlusal guards — removable dental appliances which are designed to minimize the effects of bruxism (tooth grinding) and other occlusal factors. No payment for replacement or lost or destroyed appliances.	12/01/1998

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Service	Dental Code	Description	Effective Rule Date
	09951	Occlusal adjustment, limited. May also be known as equilibration; reshaping the occlusal surfaces of teeth to create harmonious contact relationships between the maxillary and mandibular teeth. Presently includes discing/odontoplasty/enamoplasty. Typically reported on a per-visit basis. Allowed once every 12 months per quadrant. Quadrant designation required.	12/01/1998
	09952	Occlusal adjustment, complete. Occlusal adjustment may require several appointments of varying length and sedation may be necessary to attain adequate relaxation of the musculature. Study casts mounted on an articulating instrument may be used for analysis of occlusal disharmony. It is designed to achieve functional relationships and masticatory efficiency in conjunction with restorative treatment, orthodontics, orthognathic surgery, or jaw trauma, when indicated. Occlusal adjustment enhances the healing potential of tissues affected by the lesions of occlusal trauma. Justification required when prior authorizing.	12/01/1998
	09999	Unspecified adjunctive procedure, by report. Narrative required when prior authorizing.	12/01/1998

3.2.11 PWC Codes – Rule 12/01/1998

The following are the only codes covered for women on the Pregnant Women and Children (PWC) program. For more information on the PWC program, see Section 1.

Service	Dental Code	Description	Effective Rule Date
CLINICAL ORAL EXAMINATIONS			
	00140	Limited oral evaluation.	12/01/1998
RADIOGRAPHS			
	00220	Intraoral — periapical — first film.	12/01/1998
	00230	Intraoral — periapical — each additional film.	12/01/1998
	00330	Panoramic film.	12/01/1998
RESTORATIVE SERVICES			
	02940	Sedative filling. Tooth designation required.	12/01/1998
PULP CAPPING			
	03110	Pulp cap — direct (excluding final restoration). Tooth designation required.	12/01/1998
	03220	Therapeutic pulpotomy (excluding final restoration). Once per tooth. Tooth designation required.	12/01/1998
ADJUNCTIVE PERIODONTAL SERVICES			
	04341	Periodontal scaling, root planning, per quadrant. Allowed once in a 12 month period. This procedure is indicated for clients with periodontal disease and is therapeutic, not prophylactic, in nature. Quadrant designation required.	12/01/1998
	04355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis.	12/01/1998
ORAL SURGERY: Extractions — includes local anesthesia and routine postoperative care.			
	07110	Single tooth. Tooth designation required.	12/01/1998
	07120	Each additional tooth. Tooth designation required.	12/01/1998
	07130	Root removal — exposed roots. Tooth designation required.	12/01/1998
SURGICAL: Extractions — includes local anesthesia and routine postoperative care.			
	07210	Surgical removal of an erupted tooth requiring elevation of the mucoperiosteal flap and removal of tooth structure, and closure. Tooth designation required.	12/01/1998
	07220	Removal of impacted tooth — soft tissue. Tooth designation required.	12/01/1998
	07230	Removal of impacted tooth — partially bony. Tooth designation required.	12/01/1998
	07240	Removal of impacted tooth — completely bony. Tooth designation required.	12/01/1998
	07241	Removal of impacted tooth — complicated. Tooth designation required.	12/01/1998
	07250	Surgical removal of residual tooth roots (cutting procedure). Tooth designation required.	12/01/1998
SURGICAL INCISION			
	07510	Incision and drainage of abscess — intraoral soft tissue.	12/01/1998

Service	Dental Code	Description	Effective Rule Date
UNCLASSIFIED TREATMENT			
	09110	Palliative (emergency) treatment of dental pain — minor procedures. Requires tooth number. Tooth designation required.	12/01/1998
PROFESSIONAL CONSULTATION			
	09310	Consultation (diagnostic service provided by dentist or physician other than the dentist or physician providing treatment).	12/01/1998
PROFESSIONAL VISITS			
	09420	Hospital call — May be reported when providing treatment in hospital or ambulatory surgical center, in addition to reporting appropriate code numbers for actual services performed.	12/01/1998
	09430	Office visit for observation — regular office hours — no other services performed.	12/01/1998
	09440	Office visit — after regularly scheduled hours.	12/01/1998

3.2.12 Tooth Number Codes – Rule 12/01/1998

Use the following codes to designate services on specific teeth.

- 01-32 — Permanent teeth
- A-T — Deciduous (primary teeth)
- FM — Full mouth
- LA — Lower arch
- LL — Lower left quadrant
- LR — Lower right quadrant
- UA — Upper arch
- UR — Upper right quadrant
- UL — Upper left quadrant

If a service is being provided for a supernumerary tooth, the designation should indicate the normal tooth, followed by an SN code in the surface section. **Example:** tooth 31-SN